With an incidence of 30 – 40%, urinary tract infections account for the most frequently occurring nosocomial infections today. Approximately 90% of all nosocomial urinary tract infections are bladder catheter associated. Apart from the common risk factors for all patients, indwelling catheters with too large a diameter can lead to additional complications in the male urethra. A transurethral bladder catheter can block drainage of secretions from the para-urethral appendicular glands, which in turn can lead to accumulation of secretion in the urethra and thus favour infections. Already shortly after insertion of the catheter, a so-called mucopurulent membrane can form between the shaft of the bladder catheter and the urethral mucosa, which constitutes an ideal medium for ascending infections.

Secretions can only drain off the urethra easily if there is sufficient space between the catheter shaft and the urethral mucosa, thus reducing at the same time the risk of a nosocomial infection. The shaft geometry of the ProfilCath with its longitudinal grooves on the surface helps to drain secretion from the urethra.

As early as 1986 and 1989, J. Wiedeck \(^1\) wrote in his publications about the advantages of the ProfilCath: “...The ProfilCath was used in an open controlled clinical trial involving 500 patients with primarily sterile urine. 8 and 14 days after removal of the bladder catheter, a new urine status was determined. A urine culture was set up for each patient and a urethral smear performed. 91% of the urine samples and urethral smears were still sterile after removal of the permanent catheter with closed urine drainage; only in 9% of all cases significant bacteriuria was found.

...Given thorough care of the catheter on a daily basis as well as a closed urinary drainage system, no catheter-induced urethritis or epididymal orchitis or any of their late complications could be ascertained with any of the 500 patients.

...Even if the catheter was left in situ for 6 weeks, a high percentage of the urethral smears after removal of the catheter were still found sterile.”

ADVANTAGES AT A GLANCE

- no latex allergy
- no latex irritations in the urethra
- high biocompatibility
- reduced encrustation risk
- reduced risk of infection thanks to longitudinal grooves for better drainage of the secretions from the urethra
- reduced risk of infection thanks to individual sterile packaging of syringe and catheter
- high safety for the patient thanks to a permanently constant fill volume
- saves time and money as there is no more need for regular checks and repeated inflation of the balloon
- less preparatory work and simplified inflation of the balloon with the already prefilled syringe
- precise documentation due to pre-printed adhesive labels on the packaging
- indwelling time up to 6 weeks

NOTE:
Indwelling bladder catheters for the reduction of bladder catheter associated nosocomial infections should only be placed following precise medical diagnosis and be removed again as soon as possible.

WHEN ORDERING, PLEASE ALWAYS INDICATE: REF & SIZE

PROFILcATH AQUAFLATE GLYcERINE made of silicone, with longitudinal grooves

<table>
<thead>
<tr>
<th>REF.</th>
<th>DESCRIPTION</th>
<th>SIZE</th>
<th>BALLOON</th>
<th>EYES</th>
<th>LENGTH</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>171505</td>
<td>cylindrical, solid tip, 2-way</td>
<td>CH 12-24</td>
<td>10 ml</td>
<td>2 opposing eyes</td>
<td>approx. 41 cm</td>
<td>5</td>
</tr>
</tbody>
</table>

ProfilCath silicone bladder catheters are suitable for transurethral drainage of the bladder over a prolonged period of time, especially for indwelling times of five or more days, and for patients with increased secretion from the para-urethral appendicular glands as well as for those with fresh haemorrhage of the urethral mucosa, i.e. after internal urethrotomy.

Thus, our silicone ProfilCath, Ref. 17 15 05 is supplied with a syringe with a 10 ml 10% sterile glycerine solution to fill the balloon. In balloon catheters made of silicone, which have been inflated with a glycerine solution, the reduction in fill volume after an indwelling time of six weeks is negligible, whereas balloons filled with water suffer a reduction of over 50%.

Due to the higher rate of diffusion of sterile water compared with glycerine, we recommend using a 10% glycerine solution as filling medium to inflate the balloon.

Additional ProfilCath Foleys and prefilled syringe in our range:

<table>
<thead>
<tr>
<th>REF.</th>
<th>DESCRIPTION</th>
<th>SIZE</th>
<th>BALLOON</th>
<th>EYES</th>
<th>LENGTH</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>173430</td>
<td>cylindrical, solid tip, 3-way</td>
<td>CH 18/20 CH 22/24</td>
<td>20 ml 30 ml</td>
<td>2 eyes, staggered</td>
<td>approx. 41 cm</td>
<td>5</td>
</tr>
<tr>
<td>173230</td>
<td>Couvelaire, 3-way</td>
<td>CH 18/20 CH 22/24</td>
<td>20 ml 30 ml</td>
<td>2 eyes, staggered</td>
<td>approx. 41 cm</td>
<td>5</td>
</tr>
<tr>
<td>173330</td>
<td>with instillation lumen for medical treatment of the urethra, instillation opening below the balloon, cylindrical, solid tip, 3-way</td>
<td>CH 18/20 CH 22/24</td>
<td>20 ml 30 ml</td>
<td>2 eyes, staggered</td>
<td>approx. 41 cm</td>
<td>5</td>
</tr>
</tbody>
</table>

PRODUCT DESCRIPTION:
PROFILcATH AQUAFLATE GLYcERINE REF. 17 15 05

Particularly patient-friendly, latex-free, 2-way bladder catheter made of silicone, with longitudinal grooves, for long-term use, with a prefilled syringe (10 ml sterile 10% glycerine solution) to inflate the catheter balloon.

- special shaft geometry with longitudinal grooves for better drainage of the mucus from the urethra
- cylindrical radiopaque tip and contrast stripe along the shaft
- valve for Luer and Luer-lock syringe tips
- single packed in the peel-back
- sterile, single use

Please also enquire about our closed urinary drainage systems:
Rüsch S-Bag
Ref. 67 30 44
Rüsch S-Bag A
Ref. 67 30 49
Rüsch U-Bag
Ref. 67 30 64 and 67 30 65
Rüsch TUR Bag
Ref. 67 30 51
Rüsch P-Bag
Ref. 67 30 52
Teleflex Incorporated (NYSE: TFX) is a diversified global company, distinguished by a significant presence in healthcare, with niche businesses that also serve the aerospace and commercial markets.

Teleflex Medical is committed to partnering with healthcare providers in anaesthesiology, critical care, urology and surgery to provide solutions that help reduce infections and improve patient and provider safety. The company also produces surgical instruments and devices, cardiac devices and other specialty products for device manufacturers.

The Teleflex Medical family of brands includes ARROW®, BEERE®, DEKNATEL®, GIBECK®, HUDSON RCI®, KMEDIC®, PILLING®, PLEUR-EVAC®, RÜSCH®, SHERIDAN®, SMD™, TAuT®, TFX OEM® and WECK®.

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For detailed information see www.teleflexmedical.com/contact

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For further information contact your local representative. All data current at time of printing (07/2010). Subject to technical changes without further notice.

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